

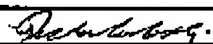
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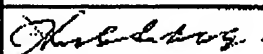
PTO/SB/21 (02-04)

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|---|----------------------|------------------------|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10772,586 | |
| | Filing Date | February 6, 2001 | |
| | First Named Inventor | John E. Soukera | |
| | Art Unit | 3764 | |
| | Examiner Name | Arun S. Chhabra | |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | John E. Soukera | |
| Signature |  | |
| Date | November 8, 2005 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | John E. Soukera | | |
| Signature |  | Date | Nov. 8, 2005 |

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|-------------------------------------|---------------------------------|-------------------------|
| AMENDMENT/ RESPONSE | Application No. | 10/772,596 |
| | Filing Date | 02/06/2004 |
| | First Named Inventor | John E. Soukeras |
| | Application Title: | Club Weight |
| | Group Art Unit Examiner Name | 3764 Arun S. Chhabra |

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria, VA 22313 1450

Sir:

The following amendments and remarks are submitted in response to the Examiner's Action mailed October 4, 2005 in the above-identified application. Entry of the response into the application under the provisions of 37 C.F.R. 1.115 is respectfully requested. No fee is seen to be due because the application as amended herein has only one independent claim and five total claims.

CERTIFICATE OF TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that these papers, along with any paper referred to as being attached or enclosed, are being sent via electronic facsimile transmission to Commissioner for Patents, Attn: Examiner Arun S. Chhabra, Art Unit 3764, facsimile telephone number, 1-571-273-8300.

By: 

John E. Soukeras

Date: November 8, 2005